1040A

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

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Us		Your first name and	initial (if joint return, also	give snouse's name a	nd initial)		Last r	name	Ϋ́	our social security	/ number	
IR	s	rour mist hame and	iniciai (ii joint letuin, aiso	give spease s name a	,						,	
	el. her-	Present home address (Number and street, including apartment number, or rural route)						S	pouse's social se	curity no.		
wis												
pri	nt	City, town or post office, State and ZIP code					r occupation					
or	type.						Spo	use's occupat	s's occupation			
		lential	Do you want \$1 to	o go to this fund	1?			Yes	No N	ote: Checking " ot increase you	Yes" will	
	ection	on aign Fund					Yes	No re	duce your refur	ir tax or		
	amp	aigii Fuliu		es your spouse v	want \$1 to g	o to this it				e page 14 of Instr	uctions	
Filing Status 1 Single							<u> </u>	OI FIIVACY ACL	Notice, Se	e page 14 Of HISti	uctions	
1	_	2 -		oint return (even if only one had income) separate return. Enter spouse's social security number above and				r ahove and ful	Ill nama hara			
	neck ne B	Only 3 _ ox. 4		separate return ehold. (See page								
ľ		4		eriola. (See page								
E	xem	ptions 5a	Yourself			r over			Blind)	Enter number of		
Ah	ways c	heck the	Spouse		65 o	65 or over		Blind		boxes checked on 5a and b		
		eled Your- eck other C Fi	rst names of your o	dependent child	ren who live	ed with yo	」 ▶		}	Enter number of children		
		they apply.				r I (a) Bid		(E) Did	, , , , , , , , , , , , , , , , , , ,	listed		
			ther dependents:	(2) Relationship	(3) Number o	have inco	me of	(5) Did you pro than one-half of ent's support?	depend-	Enter number		
		(1) N	ame		in your home	- 41,000 01	-	ent's support:		of other dependents		
ا و						-				Add numbers		
Here		6 To	otal number of exe	mptions claim	ed	'				entered in boxes above	▶	
7	6 Total number of exemptions claimed											
<u> </u>	7 Wages, salaries, tips, etc. (Attach Forms W-2. If you do not have a W-2, see page 10 of Instructions)							. 7				
팀	8									-		
B of Forms W-2		Cubtroot line										
		9a Dividends 10 of Instructions) 9b Exclusion 9b from 9a							a 9c			
힑			t compensation. T						10b			
Attach Copy	b Taxable part, if any, from worksheet on page 11 of Instructions								11111111			
tac	11 Adjusted gross income (add lines 7, 8, 9c, and 10b). If under \$10,000, see page 2 of In-								7- <i> </i>	2		
¥	structions on "Earned Income Credit"								• //////			
Please	(See page 11 of Instructions)											
ᄅ		IF YOU WANT IRS TO FIGURE YOUR TAX, PLEASE STOP HERE AND SIGN BELOW.							· //////			
	k	b Total Federal income tax withheld (If line 7 is more than										
		\$22,900, see page 12 of Instructions)									Ì	
i	1			ge 2 of Instructions) 12c								
6	13	•	es <i>12a, b, and c) .</i> ount on line 11. (\$. 13		_ _	
Attach Payment Here	148		hen find your tax			1 1						
		• -	· · · · · · · · · · · ·			امدا						
en	Ŀ		ed income credit									
, F					-	1 1			//////			
<u>a</u>	15	Total (add lir	nes 14a and 14b).						. 15	_		
당	16	If line 13 is la	arger than line 15,	enter amount	to be REFU	NDED TO	YOU	>	<u> 16</u>			
Ħ	17	If line 15 is larger than line 13, enter BALANCE DUE. Attach check or money order for full amount					it					
F	Line	payable to "Internal Revenue Service." Write your social security number on check or money order. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and							nd statem	l nents, and to the	best of my	
knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of has any knowledge.										formation of whic	h preparer	
Sign	Y	our signature			Date	Spouse'	s signature (if filing jointly,	BOTH must	sign even if only one	had income)	
S	s.							Check if self-em-	_ P	reparer's social se	ecurity no.	
Please	aid	and date						ployed	<u> </u>			
Ple	Prep. P.	Firm's name (.l. No. ▶ !				
1	l	and address						ZIP C	Jude 📂			

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